

#3 Sector 16

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of )  
DAVID A. MONROE )  
Serial No.: 09/374,136 )  
Filed: August 10, 1999 )  
METHOD AND APPARATUS FOR )  
SENDING AND RECEIVING )  
FACSIMILE TRANSMISSIONS )  
OVER A NON-TELEPHONIC )  
TRANSMISSION SYSTEM )

CERTIFICATE OF EXPRESS MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail addressed to: COMMISSIONER OF PATENTS AND TRADEMARKS, Washington, D.C. 20231, this 10 day of September, 1999. The Express Mail No. is EL283353281US.

*Judy Kruger*  
Judy Kruger

SUBMISSION OF MISSING PARTS

Commissioner of Patents and Trademarks  
Box: APPLICATION BRANCH  
Washington, D.C. 20231



Dear Sir:

Responsive to the Notice of Missing Parts dated August 12, 1999 (copy enclosed) enclosed is the Declaration and Verified Statement Claiming Small Entity Status for the above-identified application. A check in the amount of \$65.00 is enclosed for Surcharge Fee.

Also enclosed are checks in the amount of \$380.00 for the basic filing fee and \$39.00 for 1 independent claim over 3 as well as a Preliminary Amendment.

The Commissioner is hereby authorized to charge any additional fees or deficiency in payment for this application to Deposit Account No. 50-0259.

Respectfully submitted,

BRACEWELL & PATTERSON, L.L.P.

BY *[Signature]*  
Robert C. Curfiss  
Reg. No. 26,540

9-10-99  
DATE  
BRACEWELL & PATTERSON, L.L.P.  
711 Louisiana Street, Suite 2900  
Houston, Texas 77002-2781  
(713) 221-1430  
Attorney Docket No. 058959.007010.0024



**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: <u>10-1</u>	2 Serial/Patent # <u>09/374136</u>
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
	7 TOTAL AMOUNT OF REFUND	\$ <u>39</u>	
8 TO BE REFUNDED BY:			
	Treasury Check		
Overpayment	Credit Deposit A/C #:		
<input checked="" type="checkbox"/> Duplicate Payment	, 50 -- 0259		
No Fee Due (Explanation):  <i>Fee was not to be charged w/ surcharge</i>			

Repln. Ref: 10/06/1999 PHILLEN 0008220200  
DAB: 00A150 Name/Number: 09374136

FC: 704 REASON: \$39.00 CR

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Karen Smith

TITLE: CL

SIGNATURE: Karen Smith

PHONE: -9482

OFFICE:

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APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

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